

EXHIBIT 300-2

**AHCCCS COVERED SERVICES
BEHAVIORAL HEALTH**

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SERVICES	ACUTE CARE		ALTCS				CHIP* XXI
	XIX		EPD		DD		
	<21	≥21	<21	≥21	<21	≥21	<19
Behavioral Health Therapeutic Home Care Services	X	X	X	X	X	X	X
Behavioral Management	X	X	X	X	X	X	X
Case Management	X	X	X	X	X	X	X
Emergency Behavioral Health Care	X	X	X	X	X	X	X
Evaluation	X	X	X	X	X	X	X
Inpatient Services							
Inpatient Hospital	X	X	X	X	X	X	X
Inpatient Psychiatric Facilities	X	X	X	X	X	X	X
Laboratory and Radiology	X	X	X	X	X	X	X
Medications (Psychotropic)	X	X	X	X	X	X	X
Medication Adjustment and Monitoring	X	X	X	X	X	X	X
Methadone/LAAM	X	X	X	X	X	X	X
Partial Care	X	X	X	X	X	X	X
Professional Services – Therapy and Counseling							
Individual	X	X	X	X	X	X	X
Group and Family	X	X	X	X	X	X	X
Psychosocial Rehabilitation	X	X	X	X	X	X	X
Respite (with limitations)	X	X	X	X	X	X	X
Screening	X	X	X	X	X	X	X
Transportation							
Emergency	X	X	X	X	X	X	X
Non-Emergency	X	X	X	X	X	X	X

See the [Behavioral Health Services Guide](#) for restrictions, scope and time limitations, provider requirements and eligibility limitations for Title XIX and Title XXI behavioral health services.